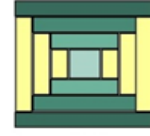


Courthouse Quilters Membership



New Member Form **Dues: \$50** **effective for the year: ____**

DATE: _____

First Name _____ Last Name _____

Address: _____ Phone _____

Town/State/Zip _____ Cellphone _____

EMAIL: _____ Birthday: Month ____ Day ____

PHOTOS of me and/or my quilts from *Show and Tell*, workshops & events **CAN** be posted to the CHQ website and be printed in the CHQ Newsletter : **Yes** **No**

The CHQ Newsletter and President's Bulletin will be emailed to you monthly.
(If you do not have email, check here)

How did you find out about CHQ? friend show website shop retreat
 other: _____

I am available to attend workshops on Sundays Yes No
If yes, I prefer a 3 hr workshop _____ 6 hr workshop _____ Either is OK _____

I would be interested in teaching a workshop about _____

MAIL TO: Courthouse Quilters, 203 Main Street, Suite 182, Flemington, NJ 08822

CHQ website: www.courthousequilters.org **CHQ email:** courthousequiltersguild@gmail.com

This Area is for the Membership Committee

Paid: Amount: _____ Check#/Cash- _____ Initials _____ DATE: _____
Membership Card Generated _____ Added to Database _____ Name Tag Generated _____